



VVFC VACCINE RETURN FORM

Date _____ Pin _____

Contact _____

Practice _____

Address _____

Phone () _____ Fax () _____

Please circle any new information in order for us to update your records.

Reason for Return

SPOILAGE: Spoiled upon delivery, spoiled at site (select one)

EXPIRED

DAMAGED: Vaccine damaged during shipment, damaged at facility (select one)

VIABLE: Vaccine overstocked, wrong product, wrong amount of product (select one)

Vaccine	Doses	Lot Number	Expiration Date	Reason for Return

Please fax or mail the completed form back to the Virginia Vaccines For Children program.

DO NOT return vaccine to the VVFC Office.

VIABLE VACCINE RETURNS WILL BE PROCESSED IMMEDIATELY. BE SURE TO FAX YOUR COMPLETED VVFC VACCINE RETURN FORM AS SOON AS POSSIBLE FOR VIABLE PRODUCTS. ATTACH A TEMPERATURE LOG FOR ALL VIABLE RETURNS.

Expired/spoiled returns are placed weekly. You should receive a prepaid shipping label in 2-3 weeks from our distributor (GIV). Package the vaccines appropriately and have the package picked up by the selected shipping company (Fed Ex, Airborne, etc).

Virginia Vaccines For Children
Division of Immunization, P.O. Box 2448
1500 East Main Street, Room 120
Richmond, Virginia 23219
Phone: (800) 568-1929 or (804) 786-6246
Fax: (804) 786-5738

VDH VIRGINIA
DEPARTMENT
OF HEALTH
Protecting You and Your Environment
www.vdh.state.va.us

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